

Workstation Checklist

Date ____/____/____

Company/Plant _____

Dept _____

Job Name _____

Workstation Name/# _____

Evaluator _____

“No” responses indicate potential problem areas that should receive further investigation.

1. Does the work space allow for full range of movement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Are mechanical aids and equipment available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Is the height of the work surface adjustable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Can the work surface be tilted or angled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Is the workstation designed to reduce or eliminate the following:			
- bending or twisting at the wrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- reaching above the shoulder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- static muscle loading?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- full extension of the arms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
- raised elbows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Are workers able to vary posture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Are workers' hands and arms free from sharp edges on work surfaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Is an armrest provided where needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9. Is a footrest provided where needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Is the floor surface flat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Is the floor surface free of obstacles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12. Are cushioned floor mats provided for employees required to stand for long periods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Are chairs or stools easily adjustable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Are chair or stools appropriate for the worker performing the task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Are all task elements visible from comfortable work postures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	